
State:	Arkansas	Filing Company:	Aviva Life and Annuity Company
TOI/Sub-TOI:	A07I Individual Annuities - Special/A07I.001 Equity Indexed		
Product Name:	Deferred Application 12-2012		
Project Name/Number:	Deferred Application 12-2012/		

Filing at a Glance

Company:	Aviva Life and Annuity Company
Product Name:	Deferred Application 12-2012
State:	Arkansas
TOI:	A07I Individual Annuities - Special
Sub-TOI:	A07I.001 Equity Indexed
Filing Type:	Form
Date Submitted:	12/26/2012
SERFF Tr Num:	AMER-128826012
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	DEFERRED APPLICATION 12-2012
Implementation	On Approval
Date Requested:	
Author(s):	Jaime Gertsen, Susan Falk, Chris Cecak, Andrea Davey
Reviewer(s):	Linda Bird (primary)
Disposition Date:	01/04/2013
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Aviva Life and Annuity Company
TOI/Sub-TOI: A07I Individual Annuities - Special/A07I.001 Equity Indexed
Product Name: Deferred Application 12-2012
Project Name/Number: Deferred Application 12-2012/

General Information

Project Name: Deferred Application 12-2012 Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/04/2013
State Status Changed: 01/04/2013
Deemer Date: Created By: Andrea Davey
Submitted By: Andrea Davey Corresponding Filing Tracking Number:

Filing Description:

RE: Aviva Life and Annuity Company
Application Form: 18384 12/12
NAIC #: 61689

The above referenced filing is attached for the Department's review and approval. This new application, form 18384 12/12, will be utilized with our annuity contract forms. The Application has achieved a Flesch Reading Ease Test Score of 50.1.

To the best of my knowledge and belief, this filing complies with the rules and regulations of the State of Arkansas. Please let me know if I may be of further assistance. I appreciate your review and subsequent approval.

Company and Contact

Filing Contact Information

Andrea Davey, Product Compliance Analyst andrea.davey@avivausa.com
7700 Mills Civic Parkway 515-342-3788 [Phone]
West Des Moines, IA 50266-3862

Filing Company Information

Aviva Life and Annuity Company	CoCode: 61689	State of Domicile: Iowa
555 South Kansas Avenue	Group Code: 44	Company Type: Insurance
Topeka, KS 66603	Group Name:	State ID Number:
(785) 295-4352 ext. [Phone]	FEIN Number: 42-0175020	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50/application = \$50.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
Aviva Life and Annuity Company	\$50.00	12/26/2012	66028663

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/04/2013	01/04/2013

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Disposition

Disposition Date: 01/04/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application for Deferred or Indexed Deferred Annuity		Yes

SERFF Tracking #:

AMER-128826012

State Tracking #:

Company Tracking #:

DEFERRED APPLICATION 12-2012

State: Arkansas

TOI/Sub-TOI: A07I Individual Annuities - Special/A07I.001 Equity Indexed

Product Name: Deferred Application 12-2012

Project Name/Number: Deferred Application 12-2012/

Filing Company: Aviva Life and Annuity Company

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application for Deferred or Indexed Deferred Annuity	18384 12/12	AEF	Initial		50.100	18384 12-12.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Application for Deferred or Indexed Deferred Annuity

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Mail or fax completed form to:

[P.O. Box 1555, Des Moines, IA 50306-1555 Fax: 800 531 0038]

Aviva Life and Annuity Company

[7700 Mills Civic Parkway, West Des Moines, IA 50266-3862]

Contact us:

Life Customer Contact Center – Tel: [800 800 9882]

Annuity Customer Contact Center – Tel: [888 266 8489]

1. PRODUCT

Product Name

Rider(s):

2. ANNUITANT

First Name	M. I.	Last Name	Suffix	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address: (Required if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number		Date of Birth (MM/DD/YY) / /	Birth State		
Personal Phone () -		Business Phone () -	E-Mail		

3. JOINT ANNUITANT: If applicable

First Name	M. I.	Last Name	Suffix	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address: (Required if mailing address is a PO Box)		City	State	Zip	Country
Social Security Number		Date of Birth (MM/DD/YY) / /	Birth State		
Personal Phone () -		Business Phone () -	E-Mail		

4. OWNER (If other than Annuitant)

Individual, Trustee or Company Name		Relationship to Proposed Annuitant(s) <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
If Trust, list Trust Name and Trust Date					
Street Address: (Required if mailing address is a PO Box)		City	State	Zip	Country
Social Security or Tax ID Number	Date of Birth (MM/DD/YY) / /	E-Mail		Personal Phone () -	

Note: If the proposed owner(s) is not a natural person, for example a trust, a corporation or an association, then additional documentation will be required to establish the entity's legal identity and who has authority to legally act on behalf of the entity.



Application for Deferred or Indexed Deferred Annuity

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5. JOINT OWNER: Not applicable to qualified contracts

Individual, Trustee or Company Name		Relationship to Proposed Annuitant(s) <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
If Trust, list Trust Name and Trust Date					
Street Address: (Required if mailing address is a PO Box)		City	State	Zip	Country
Social Security or Tax ID Number	Date of Birth (MM/DD/YY) / /	E-Mail		Personal Phone () -	

6. CONTINGENT OWNER: If Owner and Annuitant are different

Individual, Trustee or Company Name		Relationship to Proposed Annuitant(s) <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
If Trust, list Trust Name and Trust Date					
Street Address: (Required if mailing address is a PO Box)		City	State	Zip	Country
Social Security or Tax ID Number	Date of Birth (MM/DD/YY) / /	E-Mail		Personal Phone () -	

7. FUNDING SOURCE

Premium Submitted with Application \$	Anticipated Premium from Transfer \$
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8. TAX QUALIFICATIONS: Select ALL that apply

<input type="checkbox"/> Non-Qualified <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Internal Conversion Contract Number: _____	<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Keogh/HR-10 <input type="checkbox"/> Other Qualified Plan* *Owner must be the Plan	Select ALL that apply: <input type="checkbox"/> Contribution for Tax Year: _____ <input type="checkbox"/> Rollover (Within 60 days) <input type="checkbox"/> Direct Transfer from IRA/SEP <input type="checkbox"/> Direct Transfer from ROTH IRA <input type="checkbox"/> Roth Conversion <input type="checkbox"/> Direct Transfer from 401(k); HR10; 403(b); Pension Plan
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9. REPLACEMENT

- ☐ Yes ☐ No Do you have an existing life insurance policy or an existing annuity contract?
- ☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?



* 1 8 3 8 4 1 2 1 2 0 2 *

Application for Deferred or Indexed Deferred Annuity

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10. BENEFICIARIES

Unless otherwise specified, multiple surviving beneficiaries will share equally. If a beneficiary is not a natural person, include name and date of creation on the Beneficiary Name line. All beneficiaries must be living/existing at the time of application.

Individual, Trust or Company Name		Relationship to Annuitant(s)		<input type="checkbox"/> Primary <input type="checkbox"/> Tertiary <input type="checkbox"/> Contingent		Percentage %
Address	City	State	Zip	Country		
Social Security or Tax ID Number	Date of Birth (MM/DD/YY) / /		Birth State			
Personal Phone () -	Business Phone () -		E-Mail			

Individual, Trust or Company Name		Relationship to Annuitant(s)		<input type="checkbox"/> Primary <input type="checkbox"/> Tertiary <input type="checkbox"/> Contingent		Percentage %
Address	City	State	Zip	Country		
Social Security or Tax ID Number	Date of Birth (MM/DD/YY) / /		Birth State			
Personal Phone () -	Business Phone () -		E-Mail			

Individual, Trust or Company Name		Relationship to Annuitant(s)		<input type="checkbox"/> Primary <input type="checkbox"/> Tertiary <input type="checkbox"/> Contingent		Percentage %
Address	City	State	Zip	Country		
Social Security or Tax ID Number	Date of Birth (MM/DD/YY) / /		Birth State			
Personal Phone () -	Business Phone () -		E-Mail			

Individual, Trust or Company Name		Relationship to Annuitant(s)		<input type="checkbox"/> Primary <input type="checkbox"/> Tertiary <input type="checkbox"/> Contingent		Percentage %
Address	City	State	Zip	Country		
Social Security or Tax ID Number	Date of Birth (MM/DD/YY) / /		Birth State			
Personal Phone () -	Business Phone () -		E-Mail			

- **Additional beneficiaries can be listed on a separate sheet of paper with all required information, signed and dated by the owner.**
- The sum of the percentages for Primary, Contingent, and Tertiary Beneficiaries, respectively, must total 100%.
- Contingent: A beneficiary who will receive the proceeds should the primary beneficiary die prior to the payment of any proceeds.
- Tertiary: A beneficiary who will receive the proceeds should the primary and contingent beneficiaries die prior to the payment of any proceeds.



Application for Deferred or Indexed Deferred Annuity

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11. SPECIAL INSTRUCTIONS

12. AGREEMENTS AND SIGNATURES

The Owner agrees to the following:

1. All statements and answers to questions in this application are true to the best of my knowledge and belief.
2. The effective date of the Contract will be the Contract Date set by the Company.
3. No producer or person other than the President or Secretary of the Company has the authority to change or modify the Contract or waive any of its provisions.
4. Authorization to Record Calls. I understand the Company and its affiliates, agents and Independent contractors may listen to or record telephone calls between me and its representative without additional notice to me.

All states: Any person who knowingly presents a materially false or fraudulent claim for payment of a loss or benefit, or knowingly presents materially false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, depending on state law.

Residents of all states except [DE, IN, MN, MO, OR, PA, UT and WA]:

Amounts payable under the Contract are subject to a Market Value Adjustment (if applicable) on the date or dates, as specified in the Contract.

Indexed Deferred Annuity Applicants:

I understand that I am applying for an equity indexed deferred annuity and realize that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investments. I further understand any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

I have received a copy of the disclosure material and understand that the results shown, other than the Guaranteed Minimum Values, are not guarantees, promises, or warranties.

Payment must be made payable to Aviva Life and Annuity Company.

Signed at City	State	on Date
Annuitant Signature X	Joint Annuitant Signature (if applicable) X	
Owner Signature (if other than Annuitant) X	Joint Owner Signature (if applicable) X	



Application for Deferred or Indexed Deferred Annuity

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13. PRODUCER USE ONLY

1. ☐ Yes ☐ No Does the applicant have an existing life insurance policy or an existing annuity contract?
2. ☐ Yes ☐ No Will this annuity replace or change an existing life insurance policy or annuity contract?
(If yes to either question, and if required by state regulation, replacement forms must accompany this application.)
3. ☐ Yes ☐ No Is the Owner an active duty (full-time) service member (officer or enlisted) of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?

By signing below, I certify that I have truly and accurately recorded on this application the information provided by the applicant. I certify that only company approved sales materials were used and that copies of such materials were 1) left with the client and 2) retained in my files. I certify that any required disclosure material has been presented to the applicant. I have not made any statements which differ from this material nor have I made any promises, about the future expected values of this Contract.

Producer Signature		Producer Name (print please)
Producer Number	Date Signed	Producer Phone Number and/or email address

Complete the following section for any split producers and indicate the split percentages.

Producer Name	Producer Number	Split %

100%

- ☐ Commission Option 1 ☐ Commission Option 2 (trail) -[LSA does not have Commission Option 2]
(If unchecked, the default is Commission Option 1)



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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch Score Certification - 18384 12-12.pdf			

Aviva Life and Annuity Company

READABILITY CERTIFICATION

I hereby certify to the accuracy of the Flesch reading ease test score for the following application form.
The form is at least 10 (ten) point type, 2 (two) point leaded.

<u>TITLE</u>	<u>FORM NUMBER</u>	<u>FLESH SCORE</u>
Application for Deferred or Indexed Deferred Annuity	18384 12/12	50.1



Maureen Closson
VP & Chief Compliance Officer
Aviva Life and Annuity Company
December 26, 2012